

**[Company or Facility Name]**

**SHINGLE SUPPLIER CERTIFICATION FORM**

**Supplier of Whole Tear-off Asphalt Shingles**

Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**We the undersigned certify that (check appropriate boxes):**

☐ The tear-off shingles are from a NESHAP regulated facility and documentation stating that the shingles do not contain >1% asbestos is attached. (Documentation is a letter from the North Carolina accredited asbestos inspector or roofing supervisor that collected the samples with the analytical results attached.)

☐ The tear-off shingles are from a single family home or residential building having four or fewer dwelling units that is not regulated under NESHAP.

**Tear-off shingles were removed from the following addresses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach additional sheets as needed to record each building address.)

\_\_\_\_\_  
Shingle Supplier (signature)

\_\_\_\_\_  
Date